



## Conover Fire Department Office of Fire Marshal

1225 Conover Blvd East/ PO Box 549, Conover, NC 28613

828-464-1295

### Construction Permit Application



#### Type of System or Equipment and Work

Fire Suppression System: ( ) New Install ( ) Renovation / Modification Existing

Sprinkler System: ( ) New Install \_\_\_\_\_ ( ) Renovation / Modification Existing  
Bldg Sq. Footage for new install only

Fire Alarm System: ( ) New Install \_\_\_\_\_ ( ) Renovation / Modification Existing  
Bldg Sq. Footage for new install only

Flam/ Comb Liquids Storage Tank(s) ( ) New Install ( ) Removal or Out Of Service  
( ) Aboveground ( ) Underground # of tanks \_\_\_\_\_

Other: \_\_\_\_\_

#### Description of work:

Plans submitted ( ) Yes ( ) No

#### Project Information: ( Must have complete address: numerical, street name, and quadrant)

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Fire Protection Contractor Information: ( Name of company applying for permit)

Contractor: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

NC State License # \_\_\_\_\_ Class(es) \_\_\_\_\_

The undersigned made application for permits and inspection of work described and agrees to comply with all applicable state and local codes and laws regulating the work. All fees are in accordance to the fee schedule based on type of system or equipment and description of work. (DOUBLE FEES WILL BE CHARGED WHEN WORK IS STARTED PRIOR TO OBTAINING A PERMIT).

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant signature \_\_\_\_\_

Fire Marshal's Office Use Only

Reference #/ Permit # \_\_\_\_\_

Paid \_\_\_\_\_